



# Polk County Sheriff's Office

## Teen Driving Confidence Course Parental Permission Form and Release of All Claims

### Student Information

Name of Student \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
Name of School Currently Attending \_\_\_\_\_ Grade \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Learner or Driver License Number \_\_\_\_\_  
Name of Parent(s) or Legal Guardian \_\_\_\_\_  
Current Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Are there any health issues we should be aware of? ☐ No ☐ Yes, Explain \_\_\_\_\_

Is student taking any medications that will in any way affect the safe operation of a vehicle? ☐ No ☐ Yes, Explain \_\_\_\_\_

I have been informed that my child's full name, address, date of birth, and driver license number will be released to the Florida Sheriffs Association Teen Driver Challenge upon request.

I hereby give my consent for the above-named student to participate in the Teen Driving Confidence Course offered by the Polk County Sheriff's Office.

I give my consent for my child to participate with the understanding that:

- (1) The training course involves moving vehicles being operated by inexperienced drivers.
- (2) The above-named student will be operating a vehicle with the express written consent of the owner of the vehicle.
- (3) Damage may occur to the vehicle that the above-named student is driving or to other vehicles involved in the course.
- (4) The above-named student's participation in this course subjects the student to a risk of serious, catastrophic, permanent injury, or even death.

If I am not the owner of the vehicle which the above-named student intends to use while taking this course, I hereby certify that the owner has consented to the use of his/her vehicle and has authorized the use by completing the VEHICLE OWNER'S STATEMENT OF PERMISSION AND RELEASE OF ALL CLAIMS (PCSO Form 383) attached. I certify the vehicle which the above-named student will use in this course is in good working order, including, but not limited to, the vehicle's engine, brakes, suspension, steering and tires.



# Polk County Sheriff's Office

## Teen Driver Challenge Parental Permission Form and Release of all Claims

I hereby release and agree to hold harmless from liability for any and all claims, demands, damages, actions, causes of action, in any acts of negligence or suits in equity, of whatsoever kind or nature, the Polk County Sheriff's Office, Polk County and the Polk County Board of County Commissioners, Grady Judd, as Sheriff of Polk County, a Constitutional Officer of the State of Florida, individually and in his official capacity, all members of the Polk County Sheriff's Office, individually and in their official capacity, and all of their employees, appointees, contractors, sub-contractors, and agents from any and all liability while the student is participating in the Teen Driving Confidence Course. I agree to indemnify all the above named from any loss, liability, damage or cost that may incur while the student is participating in the Teen Driving Confidence Course.

I give permission to the Polk County Sheriff's Office to use photographs and/or video images of my child for media coverage, or for any other use deemed appropriate by the Sheriff.

**You must attach copies of your driver license, vehicle registration and current vehicle insurance.**

---

PSCO Representative (Witness)

---

Parent/Legal Guardian's Signature

---

Witness Name Printed

---

Parent/Legal Guardian's Printed Name